U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

RECEIVE

APR 25 2022

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on page NE HARBOR CONSTRUCTION OFFICE

Copy all pages of this	Elevation C	ertificate and all attach	ments fo	r (1) commur	ity official, (2) ins	urance agent/compa	ny, and (3) building owner		
SECTION A - PROPERTY INFORMATION						FOR INSU	FOR INSURANCE COMPANY USE		
A1. Building Own Greg J. Flanagan		anagan				Policy Nun	nber;		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.329 89th Street					d Company I	NAIC Number:			
City	City State 2					ZIP Code			
4-17-19-	Stone Harbor New Jersey 08247						Links disposable		
A3. Property Design Block 90.01 Lots		and Block Numbers, Ta	ax Parce	l Number, Le	gal Description,	etc.)			
A4. Building Use	(e.g., Reside	ntial, Non-Residential,	Addition	, Accessory,	etc.) Resider	tial	5.		
A5. Latitude/Long	A5. Latitude/Longitude: Lat. N 39°03'33.31" Long. W 074°45'37.31" Horizontal Datum: NAD 1927 X NAD 1983								
A6. Attach at leas	t 2 photograp	ohs of the building if th	e Certific	cate is being	used to obtain flo	ood insurance.			
A7. Building Diagr	am Number	6							
A8. For a building	with a crawls	space or enclosure(s):							
		lspace or enclosure(s)			1269.00 sq ft				
		ood openings in the cr			AND THE REAL PROPERTY AND ADDRESS AND ADDR	ot above adjacent or	ade 15		
		penings in A8.b				W. A.	ACC TO STATE OF THE STATE OF TH		
				5000.00 Sq II	1				
			40						
A9. For a building	with an attacl	hed garage:							
a) Square foo	age of attacl	ned garage		N/A sqf	t				
b) Number of	permanent fl	ood openings in the at	tached g	arage within	1.0 foot above a	djacent grade N/A			
c) Total net ar	ea of flood o	penings in A9.b		N/A so	in				
d) Engineered	flood openin	ngs? Yes XN	Jo.						
d) Engineered	nood openii	igo: [160 [A] 1	VO						
	SI	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMATION	NO PROTOCOPHY OF STANKES (SEE) Links C. () is committed or shake the stankes are considerable and approximation		
		Community Number		B2. County	Name	ethine o H. Miller (1904) on H. A. Galler (1904) on the Collection of the Collection	B3. State		
Borough of Stone I	larbor #3453	323		Cape May			New Jersey		
B4. Map/Panel	B5. Suffix	B6. FIRM Index		RM Panel	B8. Flood	B9. Base Flood E	levation(s)		
Number		Date		ective/ vised Date	Zone(s)	(Zone AO, us	e Base Flood Depth)		
34009C0242	F	10-05-2017	10-05-2			wave action)			
B10. Indicate the s	ource of the	Base Flood Elevation	(BFE) da	ata or base fl	ood depth entere	ed in Item B9:			
☐ FIS Profile	EX FIRM	Community Determined	mined [Other/Sou	rce:		The second secon		
B11. Indicate eleva	ation datum ı	used for BFE in Item B	9: 🗌 N	GVD 1929	NAVD 1988	Other/Source:	70.770.000.000.000.000.000		
B12. Is the building	g located in a	Coastal Barrier Reso	urces Sy	stem (CBRS) area or Otherw	ise Protected Area (0	DPA)? ☐ Yes ☒ No		
Designation [CBRS	□ ОРА		•			
9	A-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- Company of the Comp		**************************************					

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 329 89th Street					Policy Number:			
City Stone		State New Jersey	ZIP Code 08247	Company NAIC Number				
	SECTION C - BUILDING I	ELEVATION INFO	RMATION (SURVEY R	EQUIR	ED)	A SECOND AND SECULAR S		
	*A new Elevation Certificate will be required wher	construction of the				hed Construction		
C2.	Elevations – Zones A1–A30, AE, AH, A (with BFI Complete Items C2.a–h below according to the b Benchmark Utilized: PID# DP1519	uilding diagram spe	vith BFE), AR, AR/A, AR sified in Item A7. In Puerl atum: <u>NAVD 1988</u>	to Rico	only, enter	meters.		
	Indicate elevation datum used for the elevations i ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other	er/Source:				A STATE OF THE STA		
	Datum used for building elevations must be the sa	ame as that used for	the BFE.	Ch	Check the measurement used.			
	a) Top of bottom floor (including basement, craw	Ispace, or enclosure	floor)	5.0	× feet	meters		
	b) Top of the next higher floor		,	13.0		meters		
	c) Bottom of the lowest horizontal structural men	nber (V Zones only)		N/A	× feet	meters		
	d) Attached garage (top of slab)	,,		N/A	× feet	meters		
	e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in C	ervicing the building omments)		13.0	× feet	meters		
	f) Lowest adjacent (finished) grade next to build	ing (LAG)		4.5	× feet	meters		
	g) Highest adjacent (finished) grade next to build	ling (HAG)	A STATE OF THE STA	5.0	× feet	meters meters		
	 Lowest adjacent grade at lowest elevation of o structural support 	deck or stairs, includ	ing	3.9	★ feet	meters		
Devices Printing openingersales	SECTION D - SURVEYO	R, ENGINEER, OF	ARCHITECT CERTIF	ICATIO	N	78 - 100 - 1		
I cei	certification is to be signed and sealed by a land tify that the information on this Certificate representation and the sealed by a land	nts my best efforts to	interpret the data availa	/ law to able. I ur	certify elev nderstand t	ation information. hat any false		
Wer	e latitude and longitude in Section A provided by a	a licensed land surve	yor? 🗵 Yes 🗌 No	\times	Check here	e if attachments.		
	fier's Name	License Numbe	P					
the state of the same	en C. Woodrow	27514						
Title Prof	essional Land Surveyor				DI	200		
Com	pany Name			Place				
CME Associates					Seal			
Addi 203	ess South Main Street					ere		
City Cap	May Court House	State New Jersey	ZIP Code 08210					
Sign	ature Stan C. Woodin	Date 03-08-2022	Telephone (609) 465-3333	Ext.				
Сору	all pages of this Elevation Certificate and all attach	ments for (1) commu	nity official, (2) insurance	agent/co	ompany, an	d (3) building owner.		
A8a) spac visibl	ments (including type of equipment and location, pathe total enclosed area which consists of an area of (863 SF with 5 vents), 1 is between the 2 areas of at the time of the survey was the HVAC unit located and SF of flood protection each.	enclosed with roll u	o doors between piers (4 way according to the Arc	chitect's	plans. The	lowest equipment		
	A Proj# M2100003.01 sed 04/25/2022 7 more SMART VENTS added &	new pictures						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspond	ding information	from Section A.		FOR INSURAN	ICE COMPANY USE
Building Street Address (including Apt., Unit, Suite, ar 329 89th Street	nd/or Bldg. No.) or	P.O. Route and Box	(No.	Policy Number	en 2 teste eller markti fra William el
City	State	ZIP Code		Company NAIC	Number
Stone Harbor	New Jersey	08247	3.		
SECTION E - BUILDING E FOR ZON	LEVATION INFO	RMATION (SURVE E A (WITHOUT BF	EY NOT	REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.					
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,			v whether	the elevation is	above or below
crawlspace, or enclosure) is		144,888	_ meters	above or	below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet [meters	above or	below the LAG.
E2. For Building Diagrams 6-9 with permanent flood	openings provided	in Section A Items	8 and/or 9	9 (see pages 1-	-2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is			meters	above or	below the HAG.
E3. Attached garage (top of slab) is	6 0	feet [meters	above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	WAS ANALYS SHAWNESS POLICY CONTINUES THE WAS ANALYS FOR THE		meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes		e bottom floor elevat wn. The local offici			
SECTION F - PROPERTY OW	NER (OR OWNER	R'S REPRESENTAT	TIVE) CE	RTIFICATION	A CANCEL TO THE CONTROL OF THE
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The property Owner or Owner's Authorized Representative Representative Property Owner or Owner's Authorized Representative Repre	The statements in S	Sections A, B, and E	are corre	ect to the best o	f my knowledge.
Address	C	City	Sta	te	ZIP Code
Signature	Г	Date	Tele	ephone	785537
Comments				N. 101 111 111 111 111 111 111 111 111 111 111 111 111 111	
				Check I	nere if attachments.

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MPORTANT: In these spaces, copy the o	corresponding information	from Section A.	FOR INSURANCE COMPANY USI
Building Street Address (including Apt., Un 329 89th Street	it, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
ity Itone Harbor	State	ZIP Code 08247	Company NAIC Number
	New Jersey	a linear section by the contract of the contra	
SE(CTION G - COMMUNITY IN	FORMATION (OPTIONAL	-)
engineer, or architect who is auth	ation Certificate. Complete the y, enter meters. s taken from other document horized by law to certify eleva	ne applicable item(s) and s ation that has been signed	management ordinance can complete ign below. Check the measurement and sealed by a licensed surveyor, the source and date of the elevation
data in the Comments area below	The second of th	od in Zono A (without a EE	MA-issued or community-issued BFE)
or Zone AO.	Section E for a building locati	ed in Zone A (Without a FE	tivia-issued of community-issued bre)
3. The following information (Items	G4-G10) is provided for con	nmunity floodplain manage	ement purposes.
4. Permit Number	G5. Date Permit Issue	ed G6	Date Certificate of
21-565	03/03/21	- 1	Compliance/Occupancy Issued
7. This permit has been issued for:8. Elevation of as-built lowest floor (include the building:	New Construction U	1 7	eet 🗌 meters Datum NAVD 87
9. BFE or (in Zone AO) depth of flooding			eet meters Datum NAVD 88
10. Community's design flood elevation:	Higher of BFE	12 or 11 216	eet meters Datum NAVD (8
ocal Official's Name		Title /	
Raymond Poudrier	Construction of	Cial /Flood Plais Telephone	n Manager
ommunity Name			
Stone Harbor	609-3	68-6814 Date	
ignature A	4/30/0		
omments (including type of equipment an			
NOTE: This Structure is			
V Zone Centifica			
			Check here if attachments

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 329 89th Street

ZIP Code City State

New Jersey

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

08247

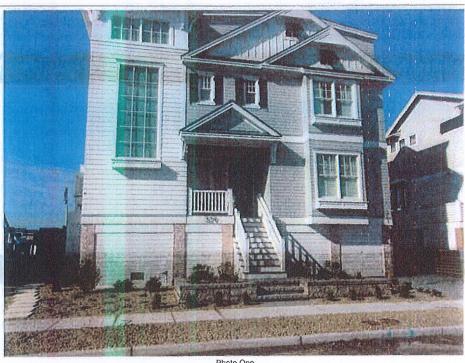


Photo One

FRONT VIEW (04/22/2022) Photo One Caption

ELEVATION CERTIFICATE

Stone Harbor

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW (04/22/2022)

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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City State ZIP Code Company NAIC Number Stone Harbor New Jersey 08247

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption RIGHT SIDE VIEW (04/22/2022)

ELEVATION CERTIFICATE

Clear Photo Three



Photo Four



ICC-ES Evaluation Report

ESR-2074

Reissued February 2021 Revised April 2021

This report is subject to renewal February 2023.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

DIVISION: 08 00 00-OPENINGS

Section: 08 95 43-Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514 FLOOD VENT SEALING KIT #1540-526

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2021, 2018, 2015, 2012, 2009 and 2006 International Building Code® (IBC)
- 2021, 2018, 2015, 2012, 2009 and 2006 International Residential Code[®] (IRC)
- 2021, 2018 International Energy Conservation Code[®] (IECC)
- 2013 Abu Dhabi International Building Code (ADIBC)†

¹The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Mater flow

2.0 USES

The Smart Vent® units are engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The FV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is

fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in various models and sizes as described in Table 1. The SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)] for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs must be installed in accordance with Section 4.0.

3.3 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with ¹/₄-inch-by-¹/₄-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm²) of net free area to supply natural ventilation. The SmartVENT® Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other FVs described in this report do not offer natural ventilation.

3.4 Flood Vent Sealing Kit:

The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21 – 2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

SmartVENT® and FloodVENT® are designed to be installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. Installation clips allow mounting in masonry and concrete walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows:

With a minimum of two openings on different sides of each enclosed area.

- With a minimum of one FV for every 200 square feet (18.6 m²) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 I/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 The Smart Vent® FVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern. 5.2 The Smart Vent[®] FVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

- 6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised February 2021).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit described in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).
- 7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071 (877) 441-8368 www.smartvent.com info@smartvent.com

TABLE 1-MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)	
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200	
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200	
FloodVENT® Overhead Door	1540-524	15³/4" X 7³/4"	200	
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200	
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200	
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200	
SmartVENT® Stacker	1540-511	16" X 16"	400	
FloodVent® Stacker	1540-521	16" X 16"	400	

For SI: 1 inch = 25.4 mm; 1 square foot = m2

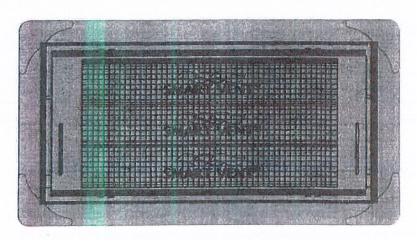


FIGURE 1-SMART VENT: MODEL 1540-510

V ZONE DESIGN CERTIFICATE

V ZONE DESIGN CERTIFICATE		
Name FLANAGAN Policy Number (Insurance Co. Use)		
Building Address or Other Description 329 &9 TH STREET		
Permit No CitySTONE HARBOR State N 5 Zip Code	08247	
SECTION I: Flood Insurance Rate Map (FIRM) Information		
Community No. 345323 Panel No. 0242 Suffix F FIRM Date 10-5-2017 FIRM	I Zone(s) <u>AE-9</u>	COASTALA
SECTION II: Elevation Information Used for Design [NOTE: This section documents elevations used in the design – it does not substitute for an i	Elevation Certificate	·.]
1. Elevation of the Bottom of Lowest Horizontal Structural Member	et (NAVD88) et (NAVD88) et (NAVD88) et (NAVD88)	
SECTION III: V Zone Design Certification Statement	SETERMINED VIA	TEST PILE
[NOTE. This section must be certified by a registered engineer or architect	t.]	
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for codesign and methods of construction to be used are in accordance with accepted standards of following provisions: • The bottom of the lowest horizontal structural member of the lowest floor (excluding piles)	practice for meeti	ng the
 to or above the BFE; and The pile and column foundation and structure attached thereto is anchored to resist flota movement due to the effects of the wind and water loads acting simultaneously on all bu loading values used are those associated with the base flood. Wind loading values used applicable State or local building code. The potential for scour and erosion at the foundatio conditions associated with the base flood, including wave action. 	ilding components. are those required	Water by the
SECTION IV: Breakaway Wall Design Certification Statement		
[NOTE. This section must also be certified by a registered engineer or archi when breakaway walls exceed a design safe loading resistance of 20 pounds per sq		
	, ,	
I certify that (1) I have developed or reviewed the structural design, plans, and specifications for co design and methods of construction to be used for the breakaway walls are in accordance will practice for meeting the following provisions: • Breakaway wall collapse shall result from a water load less than that which would occur due. • The elevated portion of the building and supporting foundation system shall not be subject or other structural damage due to the effects of wind and water loads acting simulacomponents (wind and water loading values to be used are defined in Section III).	th accepted standaring the base flood; to collapse, displace	ards of and ement,
SECTION V: Certification and Seal		
This certification is to be signed and sealed by a registered professional engineer or architect authorstructural designs. I certify the V Zone Design Certification Statement in Section III and the Breaka Certification Statement in Section IV (if applicable).		ify
PAUL A. KISS 11517		
Certifier's Name PRINCIPAL OSK DESIGN PARTNERS License Number	Place Scal	
Title Company Name	T OTO	
Address WHITE HORSE PIKE COLLINGSWOOD NJ OF 107		
1-11-2022 851-0500	i	

Telephone

Date